Voice: 360.418.8499

Fax: 360.418.8208

OASIS	Transmission	Request
--------------	---------------------	---------

Senders Name Cor		pany	Sales Reference / Contract		Senders Phone			Senders Fax	
Start Date and Time		Stop Date and Time				Request Ti by Reserva	t Time = Time entered into OASIS ervations		
Product / Service Information		Capacity Requested		Bid Price			Preconfirmed Yes		Yes
		·							
POR		POD		Source			Sink		
				•					
Partial Offer Preference)	Minimum Capacity		Minimum Dura	ition		_	y (circle one)	
								Capacity	Duration
FOR BPAT USE ONLY:									
Entered by:		Ţ	ime (from OASIS):		-				